

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011177

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1180

**FILED** MAR 19 1962

1. PLACE OF DEATH

a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in lb

OR TOWN **Kansas City**

**48 yrs.**

c. CITY OR TOWN **Kansas City**

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **DeLora Rest Home**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

**1308 Washington**

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First **Arthur**

Middle **E.**

Last **Martin**

4. DATE OF DEATH

Month **Feb.** Day **27** Year **1962**

5. SEX

**Male**

6. COLOR OR RACE

**white**

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**5/6/1893**

9. AGE (last birthday)

**68**

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Foreman**

10b. KIND OF BUSINESS OR INDUSTRY

**Water Dept.**

11. BIRTHPLACE (City and state or country)

**Newark, Missouri**

12. CITIZEN OF WHAT COUNTRY

**USA**

13a. FATHER'S NAME

**John Martin**

13b. MOTHER'S MAIDEN NAME

**Bertie Swango**

14. NAME OF HUSBAND OR WIFE

**Sarah Martin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

17. INFORMANT Address **Ethel Austin 2334 Drury K. C., Mo.**

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Bronchopneumonia**

INTERVAL BETWEEN ONSET AND DEATH

**1 week**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Encephalomalacia**

**3 years**

DUE TO (c)

**Syphilis, cerebrospinal**

**2 years**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**diabetes mellitus**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **10/21/61** to **2/27/62** and last saw him alive on **2/26/62**  
Death occurred at **3:00** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Wilson H. Miller M.D.**

22b. ADDRESS

**3626 Independence Ave. Kans. City 24 Mo.**

22c. DATE SIGNED

**2/27/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**burial**

23b. DATE

**3/1/62**

23c. NAME OF CEMETERY OR CREMATORY

**Elmwood Cemetery**

23d. LOCATION (City, town, or county)

**Kansas City, Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**Earp & Sons 4707 Truman Rd. K.C., Mo.**

25. DATE RECD. BY LOCAL REG.

**2-27-62**

26. REGISTRAR'S SIGNATURE

**Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Wilson H. Miller, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James W. Eayp

Licensed Embalmer No. 4622

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.